



Employment Related
Services Association

Connect to Work:

Provider Reflections on Devolved
Employment Support Commissioning

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1.

Introduction and Overview

Connect to Work (CtW) is a UK Government-funded programme investing £1.18 billion in an employment programme for people in England and Wales announced in November 2024 as part of the Get Britain Working White Paper. It represents a step-change in employment support devolution. Connect to Work replaced the previous government's proposed Universal Support programme and used the funding allocated to that. Connect to Work is designed to help individuals with disabilities, health conditions, or complex barriers to work find and maintain employment. The programme offers personalised support, including tailored employment strategies, health-related interventions, and ongoing career development. It is a voluntary programme that does not require participants to be on benefits and is available to both those who are unemployed and those who are already employed but at risk of losing their job. The programme aims to provide a coordinated and effective approach to support individuals in overcoming barriers to work and achieving sustainable employment. Connect to Work uses two approaches: Individual Placement and Support (IPS) and Supported Employment Quality Framework (SEQF).

For over 30 years, all large-scale Department for Work and Pensions (DWP) employment programmes have been commissioned centrally, with the exception of a devolved element of the Work and Health Programme in London and Greater Manchester, but CtW has marked a significant shift, devolving responsibility to 49 Accountable Bodies (ABs) across England and Wales.

CtW provides an important early test of how national funding for employment support can be delivered through more localised commissioning arrangements. The Employment Related Services Association, known as ERSA (the UK's membership body for employment support service providers), has surveyed providers about their experience of CtW commissioning.

ERSA and its members have observed which areas were able to commission and go live with Connect to Work, while others have yet to start referring and delivering IPS and Supported Employment.

There are commissioning lessons to be learnt from Connect to Work that must be used to ensure future devolved commissioning is timely, that the needs of employers and job seekers are met, and that a return on investment will be the best possible.

In general, employment support providers support the principle of better local integration, but their experience of this commissioning process suggests future devolved commissioning would benefit from:

- 1. Support to develop the market-specific commissioning capability and capacity of ABs**
- 2. A common start date for services to ensure no gaps in provision, or an extension of existing programmes to prevent a gap.**
- 3. A defined budget to be spent on service delivery**
- 4. Greater consistency in processes (procurement approach), outcomes (definition/evidence), and pricing.**
- 5. Transparency of timescales, commissioning considerations, and performance**

This report reflects the experience of ERSA members and other providers. It is not a comprehensive evaluation of all accountable bodies or all local commissioning practice. It intentionally does not examine the perspectives of local commissioners, MSAs or DWP officials – it simply provides an insight into how providers experienced CtW commissioning. There is also a table at the back of the report, using DWP data and tender notices, which further outlines commercial models and commissioning timelines by delivery area.

In reading these perspectives it is important to recognise that local areas were operating within national programme parameters, DWP grant guidance, approval processes and local governance requirements. The provider experience will undoubtedly have been shaped by these factors, even if providers were not sighted on them.

The purpose of this report is to identify practical lessons from the positive and negative experiences of providers to inform future commissioning, implementation and partnership working.

2.

Context: Why Connect to Work Matters

The Policy and Delivery Landscape

Previous programmes commissioned by the Department for Work and Pensions aimed to minimise the referral gaps between provisions. While there have previously been short gaps, there has not been the pause in referrals that we have seen since the Work and Health Programme stopped for referrals in September 2024.

Work Choice was introduced in October 2010, replacing WORKSTEP and Work Preparation programmes. Work Choice took referrals from October 2010 to February 2018.

The Work and Health Programme was launched in North West England in November 2017 and rolled out across the rest of England and Wales during early 2018.

As a replacement for the Work and Health Programme, Universal Support was developed in 2023 as a new programme for people with health conditions and disabilities.

From September 2023 to October 2026: still no complete national coverage

On 13th September 2023, Universal Support was announced by the Sunak administration, promising to support at least 50,000 people a year from 2025/26.¹

In March 2024, ERSA and sector representatives met with the DWP to input their observations and suggestions for a place-based national programme being commissioned in 46/49 functional economic areas.

Following the change in the UK government, Universal Support became Connect to Work and was announced in the Get Britain Working White Paper on 26th November 2024, using the funding previously allocated to Universal Support.²

Prior to this, there was a case made to extend the Work and Health Programme to ensure no gaps in provision for disabled people wanting to access specialist, voluntary employment support. However, on 15th October 2024, there was a Treasury decision not to extend the Work and Health Programme because of the investment in Connect to Work.

Connect to Work was introduced to employment support providers by the DWP on 12th November 2024 when the DWP commercial team, in partnership with ERSA, held a market engagement event with 623 attendees.

It was announced at that event that there would be a phased roll out with Accountable Bodies going live in different tranches. ERSA and its members have observed which areas were able to commission and go live with Connect to Work. In those areas, we are seeing the first evidence of people moving into work, while other areas have yet to start referrals and delivery.

¹ [25,000 people to be helped into work as government ramps up roll-out of flagship Universal Support scheme, Department for Work and Pensions, 13 September 2023](#)

² [Connect to Work, PQ 17192, 2 December 2024; Department for Work and Pensions](#)

CtW is an ambitious commitment on numerous fronts:

A. **It replaced a large existing programme - the Work and Health Programme (WHP)**

WHP supported people with health conditions and disabilities. It increased employment by 5 percentage points (versus control) and supported 350,000 people, helping 160,000 of them into work. WHP was also a mixed model with devolution in a handful of areas and DWP-commissioning for most of the country. Referrals to WHP ended in September 2024 with an expectation that referrals to CtW would commence shortly after.

B. **It is the largest ever attempt at devolving employment support**

CtW is the most extensive ramp up of devolved employment support in cash (£1.18 billion) and geography. CtW covered every part of England and Wales, whereas WHP devolution was focused on London and Greater Manchester.

C. **Rapid-scaling of fidelity-based models**

CtW was also the largest expansion of the Individual Placement and Support/Supported Employment Quality Framework models; two highly prescriptive fidelity-based models. This again creates a point of difference with other programmes which were less prescriptive around delivery models and approaches. In theory this degree of specification should have reduced the service design work for ABs and providers and accelerated the procurement process.

On 31st July 2026, the UK Government published “Rewiring the State” and stated, “*We will also devolve employment support to mayors to ensure provision reflects local need*”. This makes CtW crucial in shaping future employment support in (at least) the significant part of the population covered by Mayoral Strategic Authorities.

This directional shift also requires some consideration of the specific approach taken by Government for CtW. These may help to explain some of the provider experiences below and may (or may not) be features of future devolved commissioning.

- **Devolution or Delegation?** As the funding was ring-fenced and delivery models were highly specified (by DWP), there is an argument that CtW was not true devolution, but more a delegation of commissioning and contract management.
- **“Double Devo”:** Some localities chose a “Double Devolution” approach (further devolving commissioning decisions from MSA’s to local councils) which adds further links in the chain, variations and dependencies.³
- **DWP Sign Off:** Each local area had to make their business case to DWP before securing the funding. Providers are unsighted on the complexity, delays or challenges of this and how this impacted the overall CtW rollout.

³ As shown in Appendix A

3.

ERSA Survey Evidence

ERSA surveyed its members to understand their experience of CtW commissioning and identify lessons for future devolved employment support. The survey was completed by 17 organisations, the vast majority of which had significant experience of delivering employment support and working with the programme's target groups. The profile of respondents illustrates they were highly informed and experienced.

- **94% engage and support economically inactive people;**
- **94% support jobseekers with health conditions and disabilities into work;**
- **94% had experience in brokering *Access to Work* support;**
- **76% deliver specialist supported employment models (e.g. IPS);**
- **94% successfully secured CtW contracts and were delivering the programme.**

The strengths and challenges identified are overwhelmingly from organisations successful in securing CtW rather than organisations disappointed in the outcome of a commissioning process.

The survey identified significant variation in market engagement, commercial models, procurement approaches and mobilisation timescales across England and Wales. The positives and lessons are explored throughout the report. Provider experience highlights both the promise and practical difficulty of devolved employment support. In Part 4 of this report we will examine what worked well, before identifying what worked less well in Part 5.

4.

What Worked Well?

Providers identified examples of good practice and positive approaches taken by individual commissioners. These include:

Early, open market engagement

Providers highlighted examples where commissioners engaged the market before procurement to test assumptions, understand capacity and refine requirements. This resulted in more informed procurement and stronger dialogue between commissioners and delivery partners.

Cambridgeshire & Peterborough: a provider highlighted the use of multiple market engagement events and commissioners' openness to discussion and challenge from the provider market.

Cumbria: market engagement was praised because it took place well in advance of the procurement process.

Essex split its market engagement event into two parts, with the first focusing on the contract and procurement and the second acting as a speed-dating approach to allow prospective prime providers to meet potential supply chain partners.

Commissioners willing to adapt commercial models

The survey did identify some positive examples of commercial models.

South London Partnership had a unit price of £3,420 per IPS and SEQF start, and its commercial model comprised 50% service fee and 50% start payments, providing a guaranteed element of funding while maintaining a manageable payment by results component.

Good examples of local referral networks

Providers highlighted the benefits of local delivery where commissioning and implementation were well managed.

Isle of Wight: there are links with all GP practices on the island to enable seamless referral. Elsewhere, employment advisers have embedded themselves within communities and built strong relationships with referral partners, including housing providers, social prescribers, NHS teams and VCSE organisations, helping participants access wider support alongside employment. In areas with multiple CtW providers, referral pathways have been developed to ensure participants access the most appropriate service and avoid duplication of support.

Communities of practice

Providers shared examples of strong collaboration between commissioners and providers, including a willingness to work jointly to resolve issues and continually improve the service. There has also been collaboration across the provider network, including developing referral pathways to ensure participants access the most appropriate service, sharing employer relationships, and exchanging best practice.

Lancashire: joint communities of practice with all providers have been used to share learning and support service development.

System-based thinking

There was also evidence of places thinking beyond the commissioning of a single service and incorporating the DWP requirements into a broader integrated system-wide approach.

West London Alliance's CtW is embedded within an integrated 'single front door' to a range of services which include WorkWell, MSK Trailblazer, IPS for drug and alcohol, NEET and Care Leaver employment support, as well as skills provision. This places the service within a more holistic, complete ecosystem of related services, benefiting referrals, wraparound support and multi-agency casework.

These examples demonstrate the potential benefits of devolved employment support. Local providers and ABs can build relationships around the needs of their communities, develop stronger referral networks and adapt services to local circumstances. However, this flexibility needs to be supported by effective implementation, including the systems, data infrastructure and governance for services to operate effectively from day one.

Clear line of sight between commissioner priorities and bid scoring

The survey did provide some examples of good practice in designing a procurement process which clearly aligned to local priorities.

Cumbria, for example, was praised for having a scoring methodology that was closely aligned with its stated priorities (e.g. their supply chain preferences). This gave bidders a clearer understanding of what was important to the commissioner and helped ensure the procurement process drove the desired service outcomes.

Liverpool City Region linked elements of provider payment to fidelity to the supported employment model which demonstrated clear thinking about what mattered to the commissioner.

These examples demonstrate that devolved commissioning can create significant benefits when market engagement, commercial design, implementation planning and local partnerships are aligned. The provider experience points not to a judgement on devolution itself, but to a series of practical lessons for future commissioning.

5.

What Worked Less Well?

The Government has signalled that it intends to continue to devolve employment support. There is broad agreement amongst providers that, if done well, devolution brings significant opportunities to better design employment support around the needs of local communities. Provider experience suggests the success of devolved employment support depends heavily on commissioning quality. Experiences of market engagement, commercial models, procurement, timescales and implementation varied significantly across England and Wales. In this section we outline some of their key reflections for Government and devolved commissioners of areas where providers have felt the commissioning process has been less effective.

Early and meaningful market engagement was often identified as absent

Positive experiences in market engagement were not consistently reported across England and Wales. Engagement exercises were frequently described as one-way presentation exercises with limited feedback and interaction. In multiple cases, this led to unsuccessful procurement processes that had to be paused or restarted.

Market engagement is essential to test programme design, understand provider capacity and give providers sufficient time to prepare for procurement. It is as much about listening as informing.

Providers experiencing multiple market engagement events commented on the variability, quality and extent of market engagement between ABs. In some areas, market engagement was limited, with reported cases of no open market engagement ahead of invitation to tender (ITT) publication. In one area, an AB held a market engagement session less than 48 hours before ITT release. This approach gives providers no ability to plan, develop delivery models and establish appropriate partnership arrangements ahead of the procurement, weakening the offer to the Commissioner and potentially impacting service quality to residents.

Some engagement events provided no question/feedback opportunity. This could have helped in sessions where providers felt they did not receive bid-critical information (e.g. payment mechanisms, lotting structures, unit price). In other cases, providers felt feedback was gathered but did not appear to influence what went to market.

Providers questioned whether ABs had ensured the viability and deliverability of commercial models

The commercial models used to commission CtW varied significantly between ABs. Respondents to the ERSA survey reported a mixture of cost-plus, payment by results (PbR), grant and hybrid approaches, alongside substantial variation in unit prices, contract structures and the treatment of provider costs. Service expectations were broadly comparable, yet views

on pricing and incentives varied considerably, creating viability risks and potential quality variation.

Payment models and unit pricing

DWP Grant Guidance noted that ‘payment by results (PbR) contract arrangements may not work well for the Supported Employment model’. Some ABs did adopt PbR, with one AB even allocating up to 70% of the fee on a PbR basis. The consequence of this was that once providers considered likely actual performance, the revenue was impaired to such an extent that contracts presented a risk of not being viable or resulting in significant underspend.

Unit pricing variability was repeatedly flagged by respondents. In some areas, this could be accounted for by the AB services. For example, Essex was responsible for triage and providing the management information tool and had a unit price of £3,286 per participant. A nearby AB expected the successful provider to deliver these elements too for c.25% below Essex. Other locations set the unit cost even lower than this, including some reporting levels below DWP’s own guidance. Some ABs used price or volume competition within their procurement, which squeezed costs further, increasing the risk profile and viability concerns of some survey respondents.

Cost Treatment

The survey also identified inconsistency in the treatment of provider costs. There was no consistent approach to the recovery of central overheads or the inclusion of a provider profit margin or risk premium. Respondents reported that some tenders provided sufficient funding for frontline staffing and participant costs but made limited allowance for management, quality assurance and organisational overheads. These costs are integral to delivery and not including them adds to deliverability risks or requires provider cross-subsidy.

VAT was also identified as a recurring issue, with inconsistent and sometimes unclear approaches to its treatment across ABs. This can create audit and financial management risks where the same organisation is subject to different VAT treatment for broadly comparable services across different areas.

Annual funding envelopes

Providers also raised concerns about the use of annual 1+1+1+1 contracts despite ABs receiving grant allocations from DWP. Respondents considered this counter-productive to quality and performance, creating more risk for delivery partners, increasing frontline staff job insecurity and impairing the usual rhythm of performance ramping up over time.

It was reported that one AB procured a payment model in which 100% of provider payments were linked to results-based payment triggers, while also operating within annual funding envelope restrictions. Providers are required to achieve forecasted volumes across In-Work/Out-of-Work groups and deliver expected performance levels each year to recover the full envelope and retain it the following year. Providers overachieving risk losing the element of funding in the same way as if they underperform.

Procurement approaches were inconsistent and not always proportionate and sometimes unclear

Different procurement approaches inevitably create variation in processes and documentation. This alone brings resourcing and prioritisation challenges for many suppliers. However, providers reported variability going much further with differing participant assumptions, fidelity requirements and mobilisation expectations. In several cases providers stated that some ABs had unclear specifications, contradictory procurement documentation and a lack of clarity around referral pathways, health system integration and performance expectations.

Contract opportunities were released over an extended period and were advertised through different routes. Service contracts were generally advertised through Find a Tender, while grant-funded opportunities were sometimes promoted through individual AB websites. ABs often have specific and different procurement portals which pose administrative and access challenges for providers.

Providers flagged that procurement documentation could have been clearer due to the high levels of inconsistencies, errors and incompleteness. This was complicated by clarification question processes which were often not seen as helpful in resolving inconsistencies.

Proportionality was routinely flagged by providers. In one area, providers were asked to submit more than 20,000 words, whereas elsewhere, providers considered the word limits too restrictive to adequately respond to questions, resulting in amendments to the limits during live bidding.

One example shared was of an AB who operated a two-Lot structure. The AB inadvertently made a set of bidding requirements which gave suppliers bidding for both Lots half the space to respond compared to providers bidding for a single Lot, creating a perception of inconsistency in bidder treatment.

Concerns were also flagged by respondents about the variations in IPS and SEQF delivery expectations, participant journeys, staffing models and fidelity requirements. The survey found that some procurements placed significant emphasis on fidelity, clinical integration and employer engagement expectations, while others did not ask bidders any questions about adherence to (or experience of) delivery against fidelity.

This created uncertainty about how closely bidders should align proposals to IPS/SEQF requirements. It also raises questions about the comparability of data and evaluation across different areas and the ability to identify and replicate effective practice.

Provider experience suggests significant variation in commissioning experience, capability and organisational readiness in terms of the design, development and commissioning of employment support. Providers noted that this was not limited to areas new to procuring this type of programme, with some established mayoral strategic authorities seeing significant delays, inconsistencies and processes which were hard to navigate.

SMEs and VCSEs sometimes felt at a disadvantage

There is universal agreement across national and devolved commissioners that increasing the participation of SMEs and VCSEs in employment support provision brings agility, specialist skills and additional social and economic impacts. However, some approaches were identified by respondents which inadvertently reduced the likely role they can play.

In one area, an AB awarded evaluation points based on the number of proposed supply chain partners. Providers considered that this risked incentivising quantity over quality and could encourage unnecessarily large supply chains and additional costs (e.g. management fees and subcontracting costs).

One AB instructed prospective subcontractors to align exclusively with a single prime provider. This restricted the ability of SMEs to participate in multiple bids and reduced their opportunities to develop their business. One SME respondent said they were "pleased to be in four bids initially but then had to pick just one and turn down three opportunities for growth."

Another procurement initially included a supply chain question worth 7% of the quality score. Those bidding without a supply chain did not have to answer, but the commissioner was unable to explain how those 7% of marks could be attained by bidders who did not have a supply chain. Eventually, after several significant challenges from bidders on this evaluation process, the commissioner changed their approach to the questions.

Respondents did not have confidence that the implications of Lotting decisions had been fully considered

Lotting can attract specialist providers and spread delivery risk. Many ABs adopted a lotting strategy splitting by geography, IPS/SEQF or by cohort groups. Providers agreed that this can work if the Lots are sufficient to be commercially viable. However, in many cases, the Lots created were of very small value. Even if frontline costs are covered, the management, compliance and quality infrastructure are harder to maintain on smaller contracts or disproportionate in drawing in non-frontline delivery costs.

Multiple contracts were identified which would require around 1 FTE for delivery. Providers questioned whether contracts that were this small could support sustainable delivery and are at greater risk of staff absence or turnover.

In some areas, delivery was split three ways: geographically (e.g. by local authority), by participant group (e.g. health, refugees) and by IPS/SEQF. This risks creating a fragmented service, with multiple providers operating across overlapping geographies and cohorts. This can increase competition for referrals and make pathways into support more complicated for participants and referral partners.

One AB provides an example of the potential consequences of this approach. They commissioned the out-of-work and in-work support separately and commissioned four providers for out-of-work delivery, all delivering across slightly different geographies and cohorts. Following procurement, they had to go back out to market to fill the gaps they had created. They now have some LAs with four providers, and others with one or none. Providers had raised concerns about this possibility during market engagement and the clarification process.

Splitting services by participant group can also create uncertainty where eligibility criteria overlap and many individuals have multiple disadvantages. This was raised during procurement exercises by providers. This concern logically has to be offset by a desire to engage specialist support to meet specific client group needs. More broadly, extensive lotting can duplicate referral management, community engagement and employer engagement activity across providers, while reducing the resources available.

Double Devolution and Insourcing:

The survey findings and Appendix A also identified a trend towards what respondents described as "double devolution", where ABs further devolved funding to local authorities who in some cases undertook their own small procurements and in other cases retained the funding to directly deliver or insource.⁴

Local authorities and other ABs may have legitimate reasons for retaining elements of employment support in-house; ERSA's membership includes local authorities engaged in service delivery. Where local authorities have the professionalised employability capabilities this might be a viable option. However, respondents highlighted multiple cases where ABs subsequently returned to the external market and asked providers to take on contracts after insourced delivery had already begun. Providers questioned whether the original delivery model, market capacity and commercial viability had been sufficiently tested before funding was committed.

⁴ Appendix A

Governance, approval and mobilisation timescales were sometimes unrealistic

CtW is still not live in parts of the country, with some procurement processes still underway.⁵ This has contributed to gaps in access to specialist employment support for people with health conditions in some locations since the end of the Work and Health Programme in September 2024.

The differences in commissioning between areas have meant CtW has now been live for well over a year in some areas, while in others, people with disabilities or health conditions are still waiting for access.⁶ This is perhaps the biggest lesson for Government and localities – the provision gap translates as capability (staff) lost to the system and critically, people who could otherwise have been in work.

The scale of the variation is illustrated by CtW referral data from Stat-Xplore. West London began receiving referrals in May 2025, while multiple other areas have not recorded any referrals more than a year later.⁷ This means a two-year gap in access to employment support for disabled people in some regions. It is also worth pointing out that even in West London, the first area to go live, the service only became available eight months after WHP stopped taking referrals.

Delays were a common experience among respondents. Of the 12 organisations that answered this question, 75% (nine) had experienced a pause in CtW procurement, while 67% (eight) had experienced a procurement stopping and subsequently restarting with a new model and ITT.

Respondents identified one area which came to market twice, initially in May 2025 and again in October 2025, with referrals eventually beginning in April 2026. These delays were caused by specifications being issued before DWP approval.

In other cases, delays were linked to changes or approvals required during the commissioning process.

One AB communicated that negotiations with DWP were still ongoing after the contract had been awarded and that "no further commitments or activity could progress until approval was received". The resulting delays meant the planned delivery start date was pushed back by more than a year.

Repeated pauses and restarts imposed significant costs on providers and ABs. Devolution compounds this as multiple areas come to market at similar times with short bidding windows (e.g. 20 working days) all with different formats and service requirements. Each bid required

⁵ Appendix A

⁶ Appendix A

⁷ Appendix A

bespoke partnerships, delivery models and commercial assumptions. This market stretch undoubtedly reduces the competitive field for ABs.

In some cases, delays created pressure to catch up on the delivery plans that had been agreed between an AB and DWP. This meant some CtW contracts that experienced delays had extremely high start targets concentrated in their first four to six months of delivery.

Mobilisation periods also varied and were as short as two weeks in some places. Providers reported raising the practical challenges of recruitment, training and infrastructure rollout at market engagement stage. Curtailing mobilisation too much has a direct causal impact on quality and performance.

The implementation infrastructure was not always ready from day one

A number of ABs had a positive intent to create a centralised IT infrastructure aligned to their reporting requirements, potentially reducing the burden on providers of developing systems. However, delays and functionality challenges around IT and data capture were commonly cited by respondents.

One respondent provided a case study of the system delays meaning that they had staff in place but those staff could not begin engaging participants as the AB's centralised system was not ready. The costs of the service were being incurred but no participants could access it.

In two other areas, a CRM had not been sourced when the service went live, meaning that an Excel spreadsheet had to be used to store sensitive participant data for several months.

One organisation shared that there are ABs who have developed their own IT systems that have no ability to extract reports or data.

The plethora of different data systems in operation also raises an additional question from respondents about how data across so many systems can be used to evaluate effectiveness and identify good practice to inform existing and future programmes.

6.

Conclusion and Recommendations

CtW demonstrates the potential of locally commissioned employment support to strengthen partnerships, integrate services and respond to local needs. However, provider experience suggests these benefits depend on effective commissioning, sustainable commercial models and realistic implementation timescales. On balance, the provider experience thus far suggests we are at the start of a long developmental journey.

The lesson is not to retreat from devolution, but to support local flexibility with clear national parameters, commissioning support and delivery infrastructure. Above all, future transitions must protect continuity of support for participants and retain delivery expertise. These findings reflect provider perspectives, rather than a comprehensive evaluation of all ABs.

Recommendations

A. National Government

- **Clarify national requirements and local discretion.** Establish clear expectations for fidelity, reporting (including comparable outcome definitions/evidence) and evaluation. DWP should support consistency where it improves quality and reduces unnecessary duplication, without removing meaningful local flexibility.
- **Develop the market-specific capacity and capability of ABs.** DWP has decades of experience in buying employment support and it is well placed to empower local ABs to better design a commercially robust approach. This could take the form of capacity-building and/or check that ABs have the market-specific knowledge (pricing, contractual, performance management).
- **Provide a sustainable funding framework.** Enable longer-term delivery planning and clarify expectations for full-cost recovery and appropriate risk allocation, including the suitability of payment by results and the treatment of key cost lines (e.g. overheads and VAT).
- **Plan transitions around service continuity.** Align funding decisions, DWP approvals and local governance with realistic procurement and mobilisation periods. Work with places to ensure there are no transition gaps between national and devolved programmes to avoid leaving participants without support and losing experienced staff. For example, extending the Work and Health Programme would have created more breathing space, less pressure and given ABs the time to get the procurement of CtW right. Additionally, it would have ensured vital support for disabled people continued.

B. Local Accountable Bodies/Mayoral Strategic Authorities

- **Engage the market early and meaningfully.** Share proposed payment mechanisms, prices, lotting and delivery expectations before procurement. Use two-way dialogue to test assumptions and explain how provider feedback has informed the final approach.

- **Commission commercially viable services.** Test whether funding covers the full delivery model, including management, quality assurance and organisational overheads. Assess payment mechanisms and contract duration against realistic performance, workforce and delivery assumptions.
- **Make procurement proportionate and transparent.** Quality assure documentation, resolve contradictions promptly and align evaluation criteria with stated priorities. Set bidding requirements that allow providers to demonstrate quality without imposing unnecessary administrative burdens.
- **Design a coherent local service, not fragmented contracts.** Test lotting, delegation and in-house delivery against capability, viability and participant pathways. Enable SME/VCSE participation through meaningful specialist roles, rather than partner-count incentives or unnecessary exclusivity requirements.
- **Confirm operational readiness before launch.** Resolve material approvals before go live, allow adequate mobilisation and ensure referral arrangements, staffing, IT and secure data capture are ready when delivery begins.

C. Providers

- **Understand the wider needs of places,** including their strategies, ambitions and service ecosystem.
- **Bring robust evidence to commissioning discussions.** Present realistic costs, staffing requirements, delivery assumptions and risks. Challenge requirements constructively where they threaten viability or service quality.
- **Build partnerships around participant needs.** Select partners for complementary expertise and practical delivery roles. Develop shared referral pathways and employer relationships that reduce duplication and improve access to appropriate support.
- **Contribute to continuous improvement.** Participate in communities of practice, share implementation learning and provide consistent delivery and outcomes data to help commissioners and providers identify and replicate effective approaches.

Appendix A:

This table draws on DWP Stat-Xplore data for April 2025 to June 2026, UK4 tender notices, UK6 contract award notices and local authority websites to examine Connect to Work commissioning arrangements, mobilisation timelines and Employment First Earnings across England and Wales.

The findings demonstrate considerable variation in commissioning models. From the data that is publicly available, approximately 16% of areas use a single prime or lead provider model, while around 10% deliver the programme entirely in-house. A further 55% combine some in-house delivery with externally commissioned arrangements. Approximately 33% of all areas used lotting structures, divided by geography, IPS/SEQF or cohort. The table also identifies differences between the commencement of local delivery and the mobilisation of externally commissioned provision. In some areas, in-house services began before external contracts were awarded, meaning that the first referrals do not necessarily indicate that the full service offer was operational. Finally, the table shows the variation in start date, first earnings outcome data and the areas that have yet to go live and are still being commissioned at the time of writing (October 2026).

Note: “..” denotes zero.

Delivery Area/Accountable Body	Commercial Model	Award decision date	First referral	Employment First Earnings	Important information
Berkshire	Single prime provider	12 November 2025	January 2026	26	
Buckinghamshire	Single prime provider	26 November 2025	April 2026	7	In May 2025, the Council indicated that tender documentation would be available immediately, with bids due by 26 June 2025. However, the actual tender was not published until 1 October 2025.
Cambridgeshire & Peterborough	Single provider, responsible for managing a specialist local supply chain. Contract was awarded to Cambridgeshire County Council.	19 February 2025 to Cambridgeshire County Council.	No starts recorded	..	A South Cambridgeshire Council report in December 2025 explicitly said the launch had been delayed, moving from the previously expected mid-to-late Autumn 2025 to March 2026. On 30 July 2026, Cambridgeshire County Council is tendering “experienced providers to deliver the supported employment models” across 12 Lots, split geographically and by IPS and SEQF.
Cheshire & Warrington	No procurement process – delivered in-house by local authorities		January 2026	104	Cheshire & Warrington said Connect to Work was planned to launch in August 2025 but did not open for referrals until January 2026.

Cornwall & Isles of Scilly	Externally commissioned through the Cornwall & Isles of Scilly People Hub. In February 2025, Cornwall Council published an expression of Interest (Eoi) form for organisations who are able to provide employment and skills services.		April 2026	..	
Cumbria	Single prime provider, who is responsible for supply chain.	21 October 2025	January 2026	15	
Devon, Plymouth, & Torbay	Plymouth City Council delivers Connect to Work in-house. Remainder was split into 8 Lots: four geographic areas each with 2 Lots (IPS & SEQF).	15 December 2025	December 2025	74	Mixed model of some in-house delivery and external partners delivering a number of smaller Lots, split by IPS/SEQF and geography. Only awarded 7 from original 8 Lots.
Dorset & Bournemouth, Christchurch	Two Lots – split by IPS and SEQF.	May 2026	April 2026	..	
East Midlands	Split into two Lots. Lot 1 - IPS - Derby City & Derbyshire Lot 2 - IPS & SEQF- Nottingham & Nottinghamshire	1 December 2025	March 2026	67	
East Sussex	Grant funded 9 different providers split by cohort.		August 2025	98	Grant Application Process for Connect to Work closed to applicants in May 2025.
Gloucestershire	In-house/local authority delivery.		July 2025	45	No external procurement

Greater Essex	Single prime provider, who is responsible for supply chain	31 October 2025	August 2025	171	Grants were awarded to Essex Cares Ltd (ECL) for SEQF provision and Essex Partnership University NHS Foundation Trust (EPUT) for IPS. Final supplier began delivery in January 2026.
Greater Lancashire	Split into 4 Lots. Three geographical IPS Lots (East, North, Central & West) and one SEQF lot covering Lancashire as a whole.	4 September 2025, then replaced on 11 December 2025.	July 2025	220	Initial awards were made in September 2025, but Lancashire issued a replacement award notice in December 2025, with the same winning providers, with Lots 1–3 commencing in January 2026 rather than the original October 2025 delivery date.
Greater Lincolnshire	Combination of in-house and external partner delivery. Split into 12 Lots across 3 different contracts.	Framework awarded 4 December 2025, with a large pool of providers on it.	April 2026	5	LCC established an Open Framework, accessible to LCC, North Lincolnshire Council and North East Lincolnshire Council. The framework has three main service areas: IPS, SEQF and In-Work Retention Support, each divided geographically. Lincolnshire County Council publicly announced that Connect to Work was launched on 14 September 2026.
Greater London Authority - Central London Forward	Single prime provider, with some internal delivery	14 August 2025	July 2025	650	Individual boroughs also deliver elements in-house and/or commission their own provision. Islington Council decided in March 2025 to directly deliver Connect to Work. Southwark Council procured three providers for the service.
Greater London Authority - Local London	Predominantly in-house/local authority delivery, with some borough-level external commissioning.		September 2025	190	Enfield awarded the IPS Lot externally but retained SEQF internally. Other boroughs are delivering internally.
Greater London Authority - South	One main external contract + in-house delivery in Richmond.	18 September 2025	December 2025	85	

Greater London Authority - West London Alliance	Open procurement for the West London Strategic Employment Support Contract, covering Connect to Work alongside WorkWell and other employment services.	21 January 2025	May 2025	629	
Greater Manchester	GMCA received their Connect to Work funding through an Integrated Settlement in 2026/27 and decided to use their funding to pilot their Prevention Demonstrator.				
Hampshire	Hampshire County Council (HCC) used its Skills Open Framework for Hampshire 2023–2033, rather than running a standalone open tender.		February 2026	28	HCC initially expected the call-off procurement to run in summer 2025 and delivery to begin in autumn/November 2025. It went live on 20 January 2026.
Hertfordshire	Delivered internally initially via Step2Skills, then other organisations were announced later.	In April 2026 externally commissioned organisations publicly announced that they were delivering CtW.	August 2025	83	Launched in August 2025 to be delivered internally, then external providers were announced in April 2026.
Hull & East Riding of Yorkshire	Single provider across two Lots, split geographically	28 April 2026	No starts recorded	..	July 2025 plans anticipated an ITT in August 2025 and delivery from autumn/1 Nov 2025. Procurement was instead restarted under HEYCA, with market engagement in Feb 2026, tender in Mar 2026 and award in Apr 2026.

Kent & Medway	Mix of local authority trading company and competitive external procurement.	External delivery organisations awarded contracts on 20 Feb 2026.	Internal SEQF delivery began in July 2025. External IPS delivery began in April 2026	210	SEQF provision is delivered by the local authority trading company, The Education People. Remaining IPS provision was split into three geographic Lots.
Leicester, Leicestershire & Rutland	Mix of in-house SEQF and competitively procured IPS, split across 3 geographic Lots.	External delivery organisations awarded on 19 July 2026.	Internal SEQF began in February 2026, external IPS began September 2026.	6	Leicester City Council's March 2026 scrutiny report confirmed that the programme was still awaiting the IPS cohort, with the council noting that it had a later commencement than expected and reduced that year's planned starts from 78 to 34.
Liverpool City Region	Mix of in-house IPS and a single external SEQF provider.	6 July 2026	March 2026	27	November 2025 market engagement anticipated SEQF delivery from 1 Apr 2026, but the formal tender was not published until 5 May 2026, with award in July and contract mobilisation in July/August.
Norfolk	Split into 6 geographical Lots.	8 September 2025	November 2025	83	Six Lots resulted in five successful providers, with one provider winning two Lots.
North East	Mix of (mostly) externally commissioned IPS + predominantly in-house SEQF. 7 geographical Lots.	23 July 2025	October 2025	263	Northumberland is entirely local-authority delivered, while the other six areas combine external IPS with council-delivered SEQF.
Oxfordshire	In-house SEQF + externally commissioned IPS through a Teckal company.	10 November 2025	November 2025	17	For IPS, the council selected Enterprise Oxfordshire (the council's Teckal company, formerly OxLEP) as the delivery partner. Enterprise Oxfordshire then ran a competitive procurement for the IPS Employment Adviser delivery.
Solent	Direct local authority delivery in Portsmouth and Southampton + external commissioning on the Isle of Wight.	2 January 2026 (Isle of Wight only)	September 2025	114	Isle of Wight market engagement in Feb 2025 anticipated a contract from July 2025; award was not made until Jan 2026 and service launched Feb 2026.

Somerset	Split into two Lots (IPS & SEQF), with Somerset Council retaining awareness raising, triage and some supported employment provision in-house.	8 September 2026	No starts recorded	..	May 2025 plans envisaged enrolments from Sept 2025 and external contracts from Apr 2026; main tender was not published until June 2026. Somerset began a phased overall rollout on 18 May 2026, using in-house delivery while external commissioning was completed.
South Midlands	The six local authorities have been allowed to determine their own delivery arrangements. This led to a combination of in-house delivery and locally commissioned provision across LAs.	No single regional contract awarded. Milton Keynes awarded on 20 July 2026; West Northamptonshire awarded on 26 Feb 2026.	November 2025	91	
South Yorkshire	Local authorities grant-funded to deliver principally SEQF and some IPS, alongside a regionally procured IPS service split into 2 Lots.	19 September 2025	October 2025	192	There has also been local commissioning within the four authorities, particularly for IPS for disadvantaged groups. Sheffield City Council commissioned organisations to deliver Individual Placement and Support (IPS) outputs and outcomes related to Disadvantaged Groups.
Staffordshire & Stoke-on-Trent	Staffordshire was split into three IPS Lots and three SEQF Lots covering North, South-West and South-East Staffordshire. Stoke-on-Trent commissioned IPS separately.	Staffordshire awarded on 19 November 2025. Stoke-on-Trent awarded January 2026.	December 2025	52	
Suffolk	Single lead provider, with limited direct local authority delivery. 95% commissioned and 5% direct LA delivery.	September 2025	October 2025	44	

Surrey	Predominantly in-house, with a single externally commissioned SEQF contract.	3 June 2026	November 2025	22	
Swindon & Wiltshire	Initial direct local authority delivery in both local authorities. Later IPS grant in Wiltshire.	30 July 2026 (Wiltshire)	February 2026	11	
Tees Valley	Mix of grant-funded local authority delivery + commissioned specialist provision.	Lots 1 and 4 on 27 July 2026. Lots 2 and 3 still unawarded at time of writing.	February 2026	15	The main external procurement was divided into four Lots. Lot 1 - SEQF, Tees Valley-wide; Lot 2 - IPS, Darlington & Stockton-on-Tees; Lot 3 - IPS, Middlesbrough & Redcar & Cleveland; Lot 4 - IPS, Hartlepool.
The Marches	Mix of in-house delivery in Shropshire and Telford & Wrekin, with hybrid delivery in Herefordshire.	Herefordshire's IPS service tendered July 2026, with no award published at time of writing.	October 2025	78	
Wales - Mid Wales	Local-authority-led delivery		February 2026	..	
Wales - North Wales	In-house delivery for IPS across 4 of the 6 local authorities. SEQF was procured in two regional Lots which covered 4 local authorities.	SEQF awarded on 18 August 2026. IPS in Flintshire awarded 17 July 2026. IPS in Wrexham awarded 3 August 2026.	No starts recorded	..	

Wales - South East Wales	Area covers 10 local authorities. In-house delivery in several of them. However, there has been some locally/jointly commissioned specialist provision.	Blaenau Gwent & Torfaen procured SEQF, which they awarded on 31 August 2026.	No starts recorded	..	
Wales - South West Wales	In-house/local-authority delivery across all four LAs		January 2026	20	
Warwickshire	In-house/local-authority delivery		November 2025	7	
West Midlands	Mix of direct/in-house delivery + local authority commissioning + WMCA-led regional commissioning	Black Country IPS and SEQF contract awarded in November 2025. Birmingham City Council IPS and SEQF awarded in December 2025.	September 2025	239	WMCA adopted a “local authority first” approach for Year 1, allowing councils to deliver directly or work with WMCA to commission provision.
West of England (including North Somerset)	A Regional Prime Provider and two Employer-Based Supported Employment Projects.	Grant approved in January 2026.	April 2026	..	The grant only covers 2025/26 to 2026/27. There was an 11-month difference between the original planned April 2025 commencement and the actual March 2026 opening for referrals.
West Sussex & Brighton	In-house/local-authority delivery		December 2025	62	

West Yorkshire	Mix of local authority delivery + single region-wide external IPS contract.	Awaiting decision.	March 2026	21	WYCA are procuring a single Lead Service Provider to deliver high-fidelity IPS across the whole region. As of early October 2026, the tender had closed but no award had yet been published.
Worcestershire	Mix of external lead provider + in-house/local authority + NHS/specialist provision	August 2025	October 2025	38	Lead provider delivers a large proportion of provision for people aged 25+, while Worcestershire County Council delivers provision for under-25s through Careers Worcestershire.
York & North Yorkshire	Mix of local authority delivery + competitive external procurement. Two externally procured contracts were IPS contracts split into 2 geographical Lots.	11 December 2025	March 2026	13	